



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION EXAMINING OPERATIONS

Appl. No.: 09/768,844

Confirmation No. 1490

Applicant: Sachin G. DESHPANDE

Filed: January 23, 2001

TC/A.U.: 2664

Examiner: John L. SHEW

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Docket No.: TAL/7146.096 (SLA 0337)

AUG 05 2004

Customer No.: 00152

Technology Center 2600

AMENDMENT

1600 ODS Tower
601 SW. Second Avenue
Portland, OR 97204

July 27, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of June 17, 2004, please amend the above-identified application as follows.

Amendments to the Claims are shown in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 6 of this paper.



2664

PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/768,844
		Filing Date	January 23, 2001
		First Named Inventor	Sachin DESHPANDE
		Art Unit	2664
		Examiner Name	John L. SHEW
Total Number of Pages in This Submission	9	Attorney Docket Number	TAL/7146.096 (SLA 0337)

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ENCLOSURES (Check all that apply)

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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William O. Geny, Esq. CHernoff, Vilhauer, McClung & Stenzel, LLP
Signature	
Date	July 27, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	William O. Geny
Signature	
Date	July 27, 2004

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